



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

August 10, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of 2020 Convenience Shop, 2020 'O' Street requesting a class D liquor license.

Sinh Chau, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Sinh Chau was born in Vietnam. He attended Tulane University graduating in 1984.

Sinh Chau employment history is as follows:

Present	Owner, 2020 Convenience	Lincoln, NE.
1994 - 2005	Owner, Outer Space Cleaners	New Orleans. LA

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





FILED

8-21-06

STATE OF NEBRASKA

Dave Heineman
Governor

JUL 28 2006

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

July 27, 2006

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

*Sifu Inc., dba 2020 Convenience Stop
2020 'O' Street
CLASD*

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

*AG-081594
72*

Sincerely,

Jackie B Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosure Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

*local***RECEIVED**

JUL 17 2006

LICENSE APPLICATION CHECKLIST

Applicant Name SIFU, INC. Telephone # NEBRASKA LIQUOR CONTROL COMMISSION
 Trade Name 2020 CONVENIENCE STOP Previous Trade Name NONE

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked off and included or marked N/A for not applicable.

- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure.
- ☒ 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ☒ 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
- ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
- ☐ 6. Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- ☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

rcpt. 280691
Per ck 1009
45-he

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

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JUL 17 2006

NEBRASKA LIQUOR
CONTROL COMMISSION

OFFICE USE ONLY

Brian Will called "NO" Special Permit is required

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|-----------------------------------------------|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input checked="" type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|------------------------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | |
| <input type="checkbox"/> | X | Wholesale Liquor | \$545.00 5,000 |
| <input type="checkbox"/> | Y | Farm Winery | \$795.00 5,000 |
| | | | \$295.00 1,000 |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1
☐ Partnership License, requires insert form 2
☒ Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: _____ Phone: _____

Firm Name: _____

Firm address: _____

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
Current business name and license number _____
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes _____
☒ No _____

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

SINH V CHAU

84 HRS/WK

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

OWNED AND OPERATED A LIQUOR STORE IN NEW ORLEANS, LA
1995-1999

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.



Lease: expiration date JUNE 30, 2016



Deed



Purchase Agreement

15. When do you intend to open for business? 9/1/06

16. What will be the main nature of business? What are the anticipated hours of operation? GROCERY 7AM-10PM

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
SINH V. CHAU	2005	2006	LINCOLN NE
SINH V. CHAU	1976	2005	NEW ORLEANS LA

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

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NEBRASKA LIQUOR
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION SIFU, INC.

CLASS & LICENSE NUMBER _____

TRADE NAME 2020 CONVENIENCE STOP

STREET ADDRESS 2020 "O" ST CITY LINCOLN

OK applicant is president

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME SINH V. CHAU

ADDRESS 2020 "O" ST

CITY LINCOLN STATE NE ZIP CODE 68503

HOME PHONE NUMBER 261.5190 BUSINESS PHONE NUMBER 617.1008

SEX ☒ MALE ☐ FEMALE SOCIAL SECURITY NUMBER 586.50.5221

DATE OF BIRTH 1/14/53 PLACE OF BIRTH VIETNAM

DRIVERS LICENSE NUMBER & STATE H13223159 NE

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME N/A

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Will Chan

Signature of Applicant

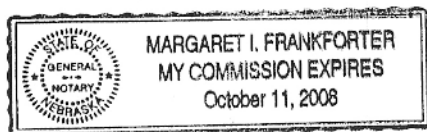
Signature of Spouse

Subscribed in my presence and sworn to before me this 17th
day of July 2006

Subscribed in my presence and sworn to before me this _____
day of _____

Margaret I. Frankforter
Notary Signature & Seal

Notary Signature & Seal



APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC

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NEBRASKA LIQUOR
CONTROL COMMISSION

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

SIFU, INC

Corporate Street Address: 2020 "O" ST.

City: LINCOLN State: NE Zip Code: 68503

Corporate Telephone Number 617-1008

Total number of shares issued (if corporation) 1,000

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #?

Name of Registered Agent SINH V. CHAU

Name of Proposed Manager SINH V. CHAU

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: CHAU First Name: SINH MI V

Address Street 2020 "O" ST. City LINCOLN

State NE Zip Code 68503 Home Phone number 617-1008

Social Security Number 586-50-5221 Date of Birth 1/14/53

✓ Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

✓ Indicate tax year with the IRS

Starting Date JAN, 1 Ending Date DEC, 31


W. H. Oba

Signature of President/Managing Member

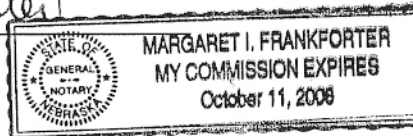
Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

12~~th~~ day of July, 2006

Margaret J. Frankforter

Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: 2020 CONVENIENCE SHOP

Address : 2020 'O' ST Phone: _____

Type of Investigation : Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: GROCERY / CONVENIENCE STORE

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: NONE Source: -

Lease Agreement: N/A

Sales: %Food: 75 %Liquor: 25

Located: Commercial Industrial Residential

Traffic Flow: HEAVY Off Street Parking: Yes No

Ready for Operation: Yes No Est Date: Sept 1

Food Service: Yes No Employees: F/T 1 P/T 0

Est Seating: NONE Est Daily Customers 100

Hours of Operation: 7am - 10pm

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) 2020 CONVENIENCE SHOP

☒ Manager

☒ Owner

Other _____

Name: SINH CHAU

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? ☒ No

Yes

Explain _____

Does applicant have an interest in another liquor license ? ☒ No

Yes

Explain _____

Is spouse qualified to hold a license ? Yes

No

☒ N/A

How is applicant if not an owner to be paid ? Salary

Hourly

How many hours will applicant be at the establishment ? 60+

Any other employment ? ☒ No

Yes, explain _____

Any previous experience with a liquor license ? ☒ Yes

No

Any criminal convictions ? ☒ No

Yes

Comments _____

Is applicant a property owner in Lincoln ? ☒ Yes

No

Is applicant involved in any civil litigation ? ☒ No

Yes

Comments _____

☒ Photo

☒ Records Check

☒ References

Comments _____

Interview Date 8/10/06